



MEDICARE SERVICES ASSIGNMENT FORM	
REQUESTED SERVICE (CHECK ALL THAT APPLY)	
Medicare Set-Aside (MSA) Allocation	Platinum MSA Service (7-day Rush)
Conditional Payment Claim Inquiry	Medical Cost Projection (MCP)

CASE INFORMATION		
Claimant Name:		
Date of Birth:	SSN:	Gender (M/F):
Current Address:		
City:	State:	ZIP Code:
Telephone:	Injury Description:	
Date of Injury:		
Claim No.:	Accident Location:	
DEFENDANT/INSURED		
Defendant/ Insured Name:		
Address:		
City:	State:	ZIP Code:
Phone:	Policy No.:	
INSURER		
Adjuster Name:		
Insurer Name:		
Insurer Address:		
City:	State:	ZIP Code:
Phone:	E-mail:	Fax:
DEFENSE ATTORNEY		
Attorney Name:		
Firm Name:		
Mailing Address:		
City:	State:	ZIP Code:
Phone:	E-mail:	Fax:
PLAINTIFF ATTORNEY		
Attorney Name:		
Firm Name:		
Mailing Address:		
City:	State:	ZIP Code:
Phone:	E-mail:	Fax:

CASE INFORMATION CONTINUED

Has Claimant applied for or received Social Security Disability Income?

Is the Claimant currently a Medicare beneficiary?

Has Maximum Medical Improvement been established?

Has a proposed settlement been reached?

If yes, what is the proposed settlement value?

Does this amount include an allocation (MSA) for future medical treatment otherwise covered by Medicare?

REQUIRED DOCUMENTATION FOR CONDITIONAL PAYMENT INQUIRY

- ✓ Documentation of Injury/Illness specific to this case
- ✓ Consent to Release from Claimant
- ✓ Letter of Authority from Insurer, if applicable
- ✓ Proof of Representation, if applicable

REQUIRED DOCUMENTATION FOR MSA / MCP

- ✓ Most recent 2 years of medical records
- ✓ Most recent 2 years of prescription history / records, if available
- ✓ Consent / Release forms may also be required for MSA assignments

ADDITIONAL INSTRUCTIONS / COMMENTS

PLEASE RETURN COMPLETED FORM AND DOCUMENTATION TO:

James E. Logan & Associates

28175 Haggerty Road
Novi, MI 48377
(248) 865-3905 FAX

Email to: info@logansettlements.com

If you have any questions, please contact us at (248) 865-3900.